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ABSTRACT

This paper reports on clinical and school outcomes after 6 months of implementing the North Carolina FACES (Families and Communities Equals Success) mental health program. Of the 210 children and youth participating in the program evaluation, 42 percent were African American, more than three quarters were male, 55 percent of families had annual incomes of $15,000 or less, and the most common diagnoses were attention deficit/hyperactivity disorders, oppositional defiant disorders, and depressive disorders. Evaluation of school performance utilized differences between grade averages at baseline and at 6 months and found that 39 percent of students improved, 35 percent did not change, and 26 percent declined. More African Americans were found in the "got better" category, whereas half of white males fell into the "got worse" category. Number of living arrangements was the only significant predictor for school performance, with fewer living arrangements correlated with a greater likelihood of improving in school. Overall, the study found reductions in clinical symptomatology and improvements in school performance. (DB)

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NC Families and Communities Equals Success (FACES): Six Months Later

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Introduction

North Carolina FACES (Families and Communities Equals Success) was funded by the Center for Mental Health Services in 1997 as part of its Comprehensive Community Mental Health Services for Children and their Families Program to implement a system of care in four sites. The grant has an evaluation component where children and their caregivers are interviewed at six month intervals over a three-year period, at the maximum, for information on a number of indicators including school performance, child and youth level of functioning and clinical symptomatology, as well as caregiver measures. This paper reports on clinical and school outcomes at six months and examines factors that might be associated with changes in school performance, a variable that caregivers had reported to be particularly important to them.

Method

As of April 2000, NC FACES had a total of 210 children and youth aged 5-18 and their caregivers who met the criteria for and gave their consent to participate in the program evaluation. Compared to the general population of the same age range in the state of North Carolina, NC FACES had an over-representation of children and youth in a minority group (30% versus 51%,), respectively with African Americans constituting the largest proportion of the sample (42%). Males made up almost three-fourths of the baseline sample (see Figures 1 and 2). The average age was 11 years. The most common DSM-IV diagnoses were attention deficit/hyperactivity disorders (40%), oppositional defiant disorders (31%), and depressive disorders (20%). More than half of the families (55%) had annual incomes of $15,000 or lower. Our study sample consisted of 76 children who had complete data on total problem scores and 72 children who had complete data on school performance for the baseline and six-month periods as of April 2000. Our samples did not differ significantly from those who dropped out of the study before the sixth month follow-up in terms of demographic characteristics and initial outcome measures.

Figure 1
Distribution of General Population of Children 5-18 in North Carolina, by Gender and Ethnicity

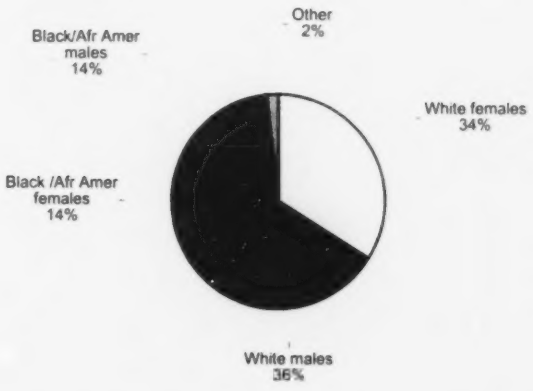

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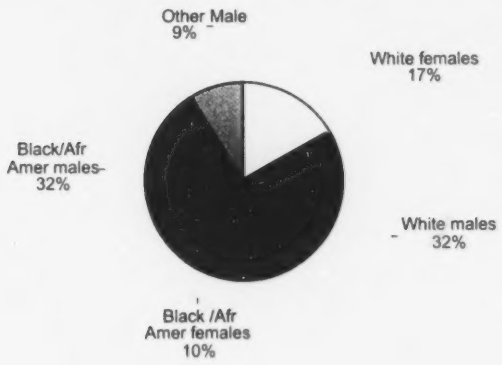
Figure 2

Distribution of Children 5-18 in NC FACES by Gender and Ethnicity



We used *T*-scores on Total Problem Behaviors as measured by the Child Behavior Checklist (CBCL; Achenbach, 1991) to assess changes in clinical symptomatology and performed paired samples *t*-test for statistical significance. To determine whether the differences between *T*-scores at baseline and at six weeks were clinically significant from each other, we utilized the Reasonable Change Indicator (RCI) approach proposed by Jacobson and Truax (1991).

Our dependent variable for school performance was obtained from caregiver reports at baseline and at six months scored as 1) *failing all or most classes*, 2) *failing about half of his/her classes*, 3) *grade average lower than C*, 4) *grade average C*, 5) *grade average B*, and 6) *grade average A*. We compared scores at baseline with scores at follow-up to form three outcome categories: *got worse*, *stayed the same*, and *got better*. To construct our dependent variable into a binary measure, we collapsed *got worse* and *stayed the same* into one category. We then assessed the effects of demographic variables (gender and ethnicity) in addition to having an individualized education plan (IEP) and number of living arrangements within the past six months on school improvement at six months (1 = *improvement*, 0 = *no improvement*) through logistic regression analysis.

Results and Discussion

Mean *T*-scores on Total Problem Behaviors decreased from 73.4 at baseline to 68.9 at sixth months. The paired samples *t*-test procedure indicated the difference to be statistically significant (t = 4.90, p = .000). Based on the RCI approach, 22 % showed meaningful psychotherapeutic changes (i.e., differences between *T*-scores at six months and baseline were less than –1.96 *SD*). The rest (78%) were basically unchanged.

Based on differences between grade averages at baseline and at six months, 39 percent improved, 35 % did not change, and 26 % declined (see Figure 3). More African American males were found in the *got better* category as compared to other groups, whereas half of white males fell in the *got worse* category, although ethnicity was not a significant predictor of school performance. Number of living arrangements was the only significant predictor (at the marginal level) for school performance. The fewer living arrangements the child had, the greater the likelihood of improving in school (see Table 1). Children in NC FACES had fewer out-of-home placements at six months compared to the number of placements at enrollment. Close to half (48%) of children in our sample had more than one living arrangement at baseline. The proportion decreased to 39 percent at six months.

Our study showed reductions in clinical symptomatology and improvements in school performance at six months. Our analysis does not allow us to causally attribute these outcomes to an intervention program or its elements, but the positive results that we found did occur within a system of care context. The impact of fewer living arrangements on school performance has indirect implications for the value of system of care. Reduction in out-of-home placements is one of the goals of system of care. Decreases in out-of-home placements could not have occurred without community-based wraparound alternatives that were made available to the children in our sample. Thus, our findings suggest that system of care is a viable strategy for serving children with serious emotional disturbances and their families.

Figure 3
School Performance Outcomes at Six Months

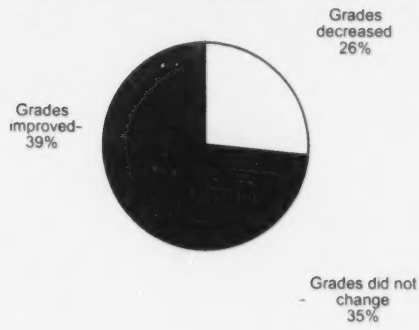


Table 1
Results of Logistic Regression Analysis

Variable	*B*	*S.E.*	*Significance*
Gender	.4490	.6288	.4752
White	-.1849	.5390	.7316
No. of living arrangements (6 mo)	-.6897	.3934	.0757
Having an IEP (6 mo)	.5205	.5205	.7577
Constant	.0334	1.0548	.9748

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